



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
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COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 20 Granite			District: 0416 Philipsburg K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1467	No	LUNDGREN, RICHARD & RITA	0.25	_____
1	1779	No	STURDEVANT, BRAD	1.50	_____
1	1780	No	HINKLE, HEIDI	0.25	_____
1	2351	No	Faust, David M	4.25	_____



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Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
20 Granite			0419 Drummond Elem		Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
11	1456	Yes	PASKE, GORDON	2.33	_____
11	1457	No	CHARLTON, JOYCE	4.50	_____
11	1460	No	WOOD, MICHELE	0.50	_____
11	1462	No	BRYANT, GLENNA	2.00	_____
11	1464	Yes	STEELE, ANNETTE	0.33	_____
11	1466	No	REISNER, MACHION	2.00	_____
11	2377	No	Boozer, Margie	2.50	_____



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20 Granite		0420 Drummond H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	1456	Yes	PASKE, GORDON	2.32	_____
2	1458	No	PAGE, MICHELLE	2.50	_____
2	1459	No	BARBA, THERESA	2.00	_____
2	1461	No	HULTMAN, DENISE	0.50	_____
2	1463	No	JOHMSTON, SONJA	0.50	_____
2	1464	Yes	STEELE, ANNETTE	0.32	_____
2	1465	No	SHATTO, SHELLEY	2.25	_____
2	1575	No	BERGERSON, JON & DANIELLE	1.50	_____